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|--|---|------------------------|-------------------|-------------------------------|----------------------|--|
| PETITION FOR EXTENSION | N OF TIME UNDER | 37 CFR 1.13 | 6(a) | Docket Number (C 00P7882US | optional) 10/48/0 | |
| OIPE | In re Application of | Terletzki, et a | al. | | House | |
| 07 2 2 2mm S | Application Number | 09/659,872 | File | ed 9/13/2000 | 0 | |
| 2002 5 | For Level-Shifting Circuitry Having "High" Output Impedance During Disable Mode | | | | | |
| RADEMARK OFF | Group Art Unit 2816 | | Examine Nguyen | er , Minh T. | | |
| This is a request under the provisio reply in the above identified applica | ns of 37 CFR 1.136(a) | to extend the | _ | | | |
| The requested extension and appro | | fee are as foll | ows | | | |
| (check time period desired): One month (37 CFR | 1 17(a)(1)) | | | \$ 11 | 0.00 | |
| One month (37 CFR 1.17(a)(1)) Two months (37 CFR 1.17(a)(2)) | | | | \$ <u>400.00</u> | | |
| Three months (37 CFR 1.17(a)(3)) | | | | \$ 920.00 | | |
| Four months (37 CFR 1.17(a)(4)) | | | | \$ <u>1,440.00</u> | | |
| Five months (37 CFR 1.17(a)(5)) | | | | \$ 1,960.00 | | |
| Applicant claims small enti | | 1 27 Therefo | ora tha fa | | | |
| above is reduced by one-h | • | | · | se amount snow | •• | |
| A check in the amount of the | ne fee is enclosed. | | | | | |
| Payment by credit card. For | orm PTO-2038 is attac | hed. | | | | |
| The Commissioner has alra application to a Deposit Ac | | o charge fees | in this | | | |
| The Commissioner is here | | • | - 2 | | | |
| or credit any overpayment, I have enclosed a duplicate | | ımber <u>50-1065</u> | i. . | OCT 25 2 | RE | |
| I am the applicant/inventor | | | : | 25 | CE | |
| assignee of record | of the entire interest. | See 37 CFR 3 | .71. | 2 EH | HW. | |
| | under 37 CFR 3.73(b) | is enclosed. (| Form PT | \sim | iD | |
| attorney or agent | | | in the second | 2800 | ÷ | |
| | under 37 CFR 1.34(a). number if acting under 37 Cl | FR 1.34(a) | | Ö | | |
| WARNING: Information on t be included on this form. Pr | his form may become | e public. Cred | dit card i | nformation sho | ould not | |
| | C. ac c. can our a life | | | XY\NAA | | |
| ເo ເ໒ ວັບ Date | | <u></u> | Signatu | ure | | |

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110.00 CH

Ira S. Matsil Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest of their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of

forms are submitted.